FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L22501

1. Corporation Name

CONTINENTAL CONSTRUCTION OF SOUTHWEST FLORIDA, I

NC.										
Principal Place	e of Business	Mailing Address					i identali Eid jidid tidet britt abiet tide s	1811 BIBN BIBN GIBN	. 61311 61611 (831	
1262 THIRD ST SOUTH 1262 THIRD ST. SOU							×	•		
STE F		SUITE F]	DO NOT WRITE IN THIS SPACE			
NAPLES FL 33940 NAPLES FL 34102							3. Date Incorporated or Qualifed			
US							10/12/1989		1	
2 Principal P	lace of Business	2a. Mailing Address					4. FEI Number	· TA	Applied For	
─ `	ace of Edsiriess		26				65-0154112		lot Applicable	
Suite, Apt.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					\$8.75	Additional		
22	.,	27	·}			[5. Certifcate of Status Desired	Fee F	Required	
City & State City & State							6. Election Campaign Financing		May Be	
23	<u> </u>	28					Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip		untry			8. This corporation owes the current year			
24 3410		29	30			l	Personal Property Tax.	X Yes	□No	
	9. Name and Address of Curre	nt Registered Agent		81	Name		10. Name and Address of New Registe	rea Agent		
SILVERIO, MARK V				0.	Name					
44 WEST FLAGLER STREET				82 Street Address (P.O. Box Number			s (P.O. Box Number is Not Acceptable)			
	E 2450			83						
MIAMI FL 33130										
				84	City			FL 85 Zip	Code	
SIGNATURE	m familiar with, and accept the obligation of th	int and title if applicable (NO	E: Register	ed Agen		e required w	hen reinstating) DAT ADDITIONS/CHANGES TO OFFICER		ORS IN 12	
12.	OFFICERS AND DIRECTORS V DELETE			13.		7	ADDITIONS/CHANGES TO OFFICER	☐ Change		
TITLE NAME	DUNCAN, AYLES			NAME		1			_	
	STREET ADDRESS 1262 THIRD STREET SOUTH SUITE F			1.3 STREET ADDRESS		s			.	
CITY-ST-ZIP	NAPLES FL			CITY-S						
TITLE	DP DELETE			2.1 TITLE				☐ Change	e	
NAME	MURPHY, JAMES T			2.2 NAME						
STREET ADDRESS	4000 THERE OF CONTINUETE			2.3 STREET ADDRESS		is			{	
CITY-ST-ZIP	NAPLES FL.		2. 4	2. 4 CITY-ST-ZIP				<u> </u>		
TITLE	☐ DELETE		3.1	3.1 TITLE				☐ Change	e 🗌 Addition	
NAME			3.2	NAME		1			-	
STREET ADDRESS					T ADDRES	s				
CITY-ST-ZIP	□ per ere		_	3.4. CITY-ST-ZIP		-		Change	e Addition	
TITLE	□ DELETE			4.1 TITLE				□ ¢iiaig	e	
NAME				NAME	T 4 B C C C C	,				
STREET ADORESS			li li		T ADDRES	8				
CITY-ST-ZIP	DELETE		_	4.4 CITY-ST-ZIP 5.1 TITLE				Change	e Addition	
TITLE				NAME						
NAME STREET ADDRESS					T ADDRES	ss				
STREET ADDRESS CITY-ST-ZIP			1	CITY-S						
TITLE		☐ DELETE		TITLE		+		Chang	e Addition	
			6.2	NAME						

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on ap attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90120 031 ***158.75